

**Child Count of Parentally Enrolled IDEA-Eligible Students
Attending Elementary and Secondary Private Schools
Within School District Boundaries**

In accordance with IDEA 2004, every public school district must conduct a child count of all IDEA-eligible students who are parentally enrolled in private elementary and secondary schools within the public school district's boundaries. This count must include all IDEA eligible students whether or not they are receiving special education services through a Services Plan. The child count for these students must be conducted annually on December 1. A copy of this count must be maintained by the public school, or the special education cooperative on behalf of its member school districts. The Private School Child Count Form is the basis for calculating the proportionate share of Part B funds for the annual application for Part B/Preschool Allocations.

For questions regarding this child count or questions related to the completion of the form, please call Anne Rainey at 406-444-4430.



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.mt.gov/

Count Date: December 1, 20____

School District

LE

[illegible]

Completed By: _____ **Phone:** _____

DATA ELEMENTS

Initials: Three initials must be entered for each student (first, middle and last). If a student does not have a middle name/initial or the middle initial is unknown, use "X" for the middle initial. Initials may be entered either in upper or lower case.

Birth Date: Use the format of mm/dd/yyyy.

Gender: M – Male; F – Female

Race/Ethnicity: Use one of the following codes to indicate the race/ethnicity of each student (see definitions below). If race/ethnicity is unknown, enter the code that most closely appears to be correct.

01 American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.

02 Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

03 Hispanic A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.

04 Black (not Hispanic) A person having origins in any of the Black racial groups of Africa.

05 White (not Hispanic) A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

06 Native Hawaiian or Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Grade: Enter the student's current grade by number or letter (example, pre-kindergarten [3 and 4-year-old students] = "PK"; kindergarten = "K"; first grade = "1"; etc.)

LEP (Limited English Proficient): If the student is limited English proficient, this box must be checked. An individual is LEP if the individual:

A. is aged 3 through 22;

B. is enrolled or preparing to enroll in an elementary or secondary school;

C. (i) was not born in the United States or whose native language is a language other than English;

(ii) (I) is an American Indian or Alaskan Native, or a native of the outlying areas; and

(II) comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or

(iii) is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and

D. whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual

(i) the ability to meet the State's proficient level of achievement on State assessments described in section 111(b)(3);

(ii) the ability to successfully achieve in classrooms where the language of instruction is English; or

(iii) the opportunity to participate fully in our society.

Services Plan: If the student is being provided special education and/or related services by the public school in accordance with a services plan, check this box.

List of Disability Abbreviations: Enter the two-letter code for each of a student's identified disabilities according to the student's Child Study Team (CST) report.

AU Autism

CD Cognitive Delay

CW Child With Disabilities

DB Deaf-Blindness

DD Developmental Delay

DE Deafness

ED Emotional Disturbance

HI Hearing Impairment

LD Learning Disability

OH Other Health Impairment

OI Orthopedic Impairment

SL Speech/Language Impairment

TB Traumatic Brain Injury

VI Visual Impairment

Name of Private School: Enter name of the private/non-public elementary or secondary schools the student is enrolled in.

